

Meeting Minutes

Certificate of Need Technical Advisory Committee
December 13, 2005

TASK FORCE MEMBERS PRESENT

Jody Corona
Scott Faringer
Donna Goodwin
Bill Hagens
Ele Hamburger (Conference Phone)
Michael Kelly, MD
Jean Pfeifer, RN
Palmer Pollock
Sim Rubenstein, MD
Sue Sharpe,
Jon Smiley

INTERESTED PUBLIC PARTIES

Gary Bennett
Melissa Burke-Cain
James Curry
Bart Eggen
Cynthia Forland
Tom Granger
Jo Isgrigg
Lisa Jeremiah
Gail McGaffick
Robb Menaul
Scott Plack
Edith Rice
David Weber

TASK FORCE MEMBERS ABSENT

Debra Hatfield
Gil Rodriguez
Scott Scherer
Torney Smith

STAFF ATTENDEES

Nancy L. Fisher, MD
Gary Fugere
Regina Gallwas
Linda Glaeser
Bev Skinner

Topic	Discussion/Decision	Follow-Up
<ul style="list-style-type: none">Welcome and Introductions	<ul style="list-style-type: none">Dr. Nancy Fisher welcomed the TAC members. The TAC members, HCA staff, phone participants and interested public parties introduced themselves.	

<ul style="list-style-type: none"> • Agenda Review • Review of minutes • Housekeeping 	<ul style="list-style-type: none"> • There were no changes to the agenda. • Minutes were approved as presented. • Gary Fugere will facilitate meeting process and timeframes, housekeeping items were shared. 	
Group Values Results Discussion	Eleven of the 15 TAC members completed the Values Survey. TAC members received a summary reflecting full group values.	Task Force Values summary will be shared with the TAC upon its completion.
Responsibilities of TAC Representation to the Task Force	<p>Representing the TAC, Jon Smiley and Palmer Pollock attended the November 30 Task Force meeting and shared their experience from that meeting.</p> <p>After discussion and clarification, Jon and Palmer serve dual roles as formal Task Force and TAC members. TAC recommendations (obtained by TAC consensus) will be presented to Task Force by Jon and Palmer, providing necessary background information. The outcome of discussions confirmed roles and expectations for all members.</p>	
Questions from Task Force related to CON purpose/goals and related general criteria	Dr. Fisher provided an overview of November 30 Task Force meeting outcomes. Conversations at Task Force meeting focused on overall CON policy and infrastructure. The Task Force indicated a need to define basic and tertiary services.	
Review of Historical Changes in the WA State CON program from Legislation with resultant current process challenges	<p>Bill Hagens gave an informative historical presentation on the political framework of the CON process.</p> <p>Additional information can be found on the HCA CON Web site in the link entitled Health Planning and a chronological chart for CON.</p> <p>Tertiary Services are defined in rule and the WAC says if there is a recommendation for the list to be changed or added to, those recommendations are to be considered. To date this has not been done. The accountability piece needs to be addressed.</p>	
National perspective/experience	Bruce Spector, the legal counsel for the Vermont CON program presented at this meeting as a private consultant. Bruce provided an	

related to CON	<p>overview of the Vermont CON processes and issues, and highlighted related points of other state CON programs.</p> <p>Bruce suggested that all read the handout entitled “<i>A review of Certificate of Need health care policy programs: At the intersection of science and politics</i>”, which can be found on the HCA CON Web site. http://www.hca.wa.gov/contf/index.shtml</p> <p>For a successful CON process, Bruce indicated that three areas are necessary:</p> <ol style="list-style-type: none"> 1. Allow adequate time for review. 2. Have adequate consultants to do the review. 3. Have educated Key Legislator(s). <p>Bruce shared the following thoughts: CON is charged with cost containment, and improving access and quality, although CON has never had control over, nor much effect on, cost control. The CON process is not consistent from state to state, therefore it is difficult to compare findings, and as a result no scientific cause and affect relationship connected to CON and to rising costs can be made.</p> <p>CON encourages planning, has a sentinel affect on growth, and slows down some expansion plans and duplication. Historically, hospitals have been strong supporters of CON.</p> <p>There are costs involved with the regulatory process and among the states the consequences of violating a CON law vary. Measuring the success or failure of a CON process should not be based solely on the cost savings. The question of how do we define need is an issue.</p>	<p>Bruce asked that anyone who had comments on the article to send him an e-mail at bspectorvt@gmail.com with their thoughts.</p>
<p>Discussion: Potential recommendations related to:</p> <ul style="list-style-type: none"> • CON purpose/goal • CON review criteria 	<p>Final ‘Goal and Purpose’ recommendations can be found on the HCA CON Web site.</p> <p><u>Discussion points:</u> CON should be consistent in what it is applied to and complement the</p>	<p>The Governor’s health</p>

	<p>entire system to improve the health status of Washington residents and not be granted on the basis of price competition.</p> <p>The TAC will participate in a conference call the week of December 19 to confirm/finalize the recommendations.</p> <p>The February 16, 2006, meeting will be a discussion on the definition of the covered facilities.</p> <p><u>Goal Development:</u></p> <p>The language “Shall complement other segments of the health care system to improve health status” was proposed by Bill Hagens to be included in the CON Goals and Purpose.</p> <p>The purpose statement of CON is “Reasonable access to provider-based health care. The word provider has yet to be defined.</p> <p>Jody Corona shared the Oregon CON criteria with the TAC and asked that there be a place holder noting items A, B, C from the Oregon criteria (#1) for the preamble statement, and quality and where there are relationships around volume and outcomes.</p> <p>Item #2 (six objectives) of the Oregon criteria was reviewed to determine if any items could be incorporated in recommendations. The following objectives were suggested:</p> <p>(b) Optimizing distribution of health care facilities and services.</p> <p>(c) There needs to be a planning element, CON needs to be a part of a policy driven program.</p> <p>(e) Foster cost containment by maximizing the use of existing health care facilities and services which represent the least costly and most appropriate levels of care:</p>	<p>care initiatives will be posted on the HCA CON Web site.</p>
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	<p>(f) Minimizing the unnecessary duplication of health care facilities and services.</p> <p>(g) CON should have a gate keeper role.</p> <p>(h) Enforcement, monitoring, and compliance.</p> <p>To obtain financial resources from the Legislature, specific outcomes, accountability and measurability will need to be put into the initiatives to support the goals.</p>	
Public Comment	<p>Robb Menaul representing the Washington State Hospital Association said he heard a clear sentiment from the Task Force that they wanted a response from the TAC addressing linking future CON planning with policy, and that CON decisions in the future are based on a state health plan. In addition, there should be an estimate of cost and suggestion of which agency CON should be housed in put forward. Robb commented that the TAC did a great job.</p>	
Meeting Wrap-up	<p>Summarized the next steps for the 'Goal and Purpose' suggested recommendations.</p> <p>The next TAC Meeting is February 16, 2006.</p> <p>Meeting adjourned at 4:50 pm.</p>	